UNITED STATES DEPARTMENT OF COMMERCE
National Telecommunications and Information Administration
Washington, D.C. 20230

October 18, 1999

Ms. Magalie Roman Salas
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

RE: Notice of Proposed Rulemaking, Amendment of Parts 2 and 95 of the Commission's Rules to Create a Wireless Medical Telemetry Service, ET Docket 99-255

Dear Ms. Salas:

Enclosed please find an original and four copies of the Reply Comments of the National Telecommunications and Information Administration in the above-referenced proceeding. In addition, the Reply Comments were also submitted in electronic form on diskettes in WordPerfect 5.1 to Hugh L. Van Tuyl with the Office of Engineering and Technology and delivered to the Commission's copy contractor, International Transcription Service.

Please direct any questions you may have to the undersigned.

Respectfully submitted,

Kathy D. Smith
Acting Chief Counsel

enclosures

cc: Hugh L. Van Tuyl, Office of Engineering and Technology
International Transcription Service

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RE: Notice of Proposed Rulemaking, Amendment of Parts 2 and 95 of the Commission's Rules to Create a Wireless Medical Telemetry Service, ET Docket 99-255

Dear Ms. Salas:

The National Telecommunications and Information Administration (NTIA), in coordination with the Interdepartment Radio Advisory Committee (IRAC), has reviewed the comments in the above-referenced proceeding. NTIA offers these reply comments.

NTIA recognizes the importance of medical telemetry services and that many Federal hospitals would use this technology to provide essential medical services. NTIA, moreover, supports the Commission's identified frequency band options for use by the medical telemetry service. NTIA notes that the use of the three bands of Option 1, 608-614 MHz, 1395-1400 MHz, and 1429-1432 MHz, would provide increased spectrum flexibility over the two bands of Option 2, 608-614 MHz and 1391-1400 MHz. We further support the Commission's proposal to limit the field strength in the 608-614 MHz band to 200 mV/m at a distance of 3 meters to protect radio astronomy operations.

NTIA believes that the Commission should encourage the manufacturers of medical telemetry equipment to develop systems where the operating frequency bands can easily be changed among the selected bands. This would provide the flexibility to satisfy the spectrum requirements should one or two bands encounter sharing difficulties. Option 1 also provides some additional protection from potential compatibility problems with Federal Government high-powered radars operating in the 1215-1390 MHz band since the 1391-1400 MHz band of Option 2 is nearer the radar band. NTIA agrees with the proposal by the American Hospital Association Task Force on Medical Telemetry (AHA Task Force) to establish a frequency coordinator to coordinate the shared use of the spectrum with remaining Government operations at protected sites in the reallocated bands and between Federal and non-Federal hospitals. NTIA believes a frequency coordinator would facilitate band sharing and compatible operations.

NTIA reallocated the 1390-1400 MHz and 1427-1432 MHz bands to the private sector following the Omnibus Budget Reconciliation Act of 1993. In the Spectrum Reallocation Final Report, NTIA pointed out potential adjacent band sharing problems, noting that "to achieve the goals set by Title VI for development of new technologies, adoption of effective receiver standards, either by regulatory or established by industry, is essential for bands identified in the final plan that are adjacent to high-power Federal systems."[1] NTIA urges the adoption of

[1] National Telecommunications and Information Administration, U.S. Department of Commerce, NTIA Spec. Pub. 95-32, Spectrum Reallocation Final Report, at v (February 1995).

effective receiver standards to preclude adjacent band interference from high powered radars.

Comments filed by both Orbital Communications Corporation (ORBCOMM) and Final Analysis Communications Services, Inc. (Final Analysis) indicate that the 1390-1393 MHz band is under consideration for the Earth-to-space uplink feederlink earth stations, and the 1429-1432 MHz band is being considered for the space-to-Earth downlink feederlink stations for non-voice-non-geostationary (NVNG) mobile-satellite service (MSS). NTIA believes that NVNG MSS uplink feederlinks and medical telemetry systems should be able to operate compatibly with minimal operating restrictions. This is possible because there are a limited number of gateway stations that could be sufficiently isolated from hospitals to preclude interference. However, parties in this proceeding express concern about this sharing.[2] No technical parameters were provided in the comments showing how their conclusions were reached, and if Option 2 is selected, we urge the Commission and the concerned parties to consider the possibilities of sharing spectrum between these two uses.

Some parties also express concern about difficulties in sharing spectrum between NVNG MSS downlink feederlinks and medical telemetry.[3] We think it should be possible, however, to share in the downlink direction, as well, and if Option 1 is selected, we urge the Commission and the concerned parties to consider the possibilities of sharing spectrum between these two uses.

Three other bands not included in the Commission's options were put forward by the commenters, but have several problems. One of the bands originally requested by the AHA Task Force, 1385-1390 MHz, has been "reclaimed for use on a primary basis by the Department of Defense"as a result of the recently enacted National Defense Authorization Act for Fiscal Year 2000.[4] Therefore, this band cannot be considered for allocation for medical telemetry. The second band,1432-1435 MHz, was reallocated under the Balanced Budget Act of 1997 which requires the Commission to assign licenses in the reallocated spectrum by competitive bidding. The third band, 1427-1429 MHz, is adjacent to a radio astronomy band below 1427 MHz and could be used if out-of-band emissions of the medical telemetry devices do not interfere with the radio astronomy service.

Thank you for your consideration of these views.

Sincerely,

William T. Hatch
Acting Associate Administrator
Office of Spectrum Management

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[2] *See* Comments of Final Analysis, at 28; Comments of the AHA Task Force, at 10.

[3] *See* Comments of Final Analysis, at 30; AHA Task Force, at 9.

[4] *See* Section 1062 of the National Defense Authorization Act for Fiscal Year 2000, Public Law 106-65 (1999).